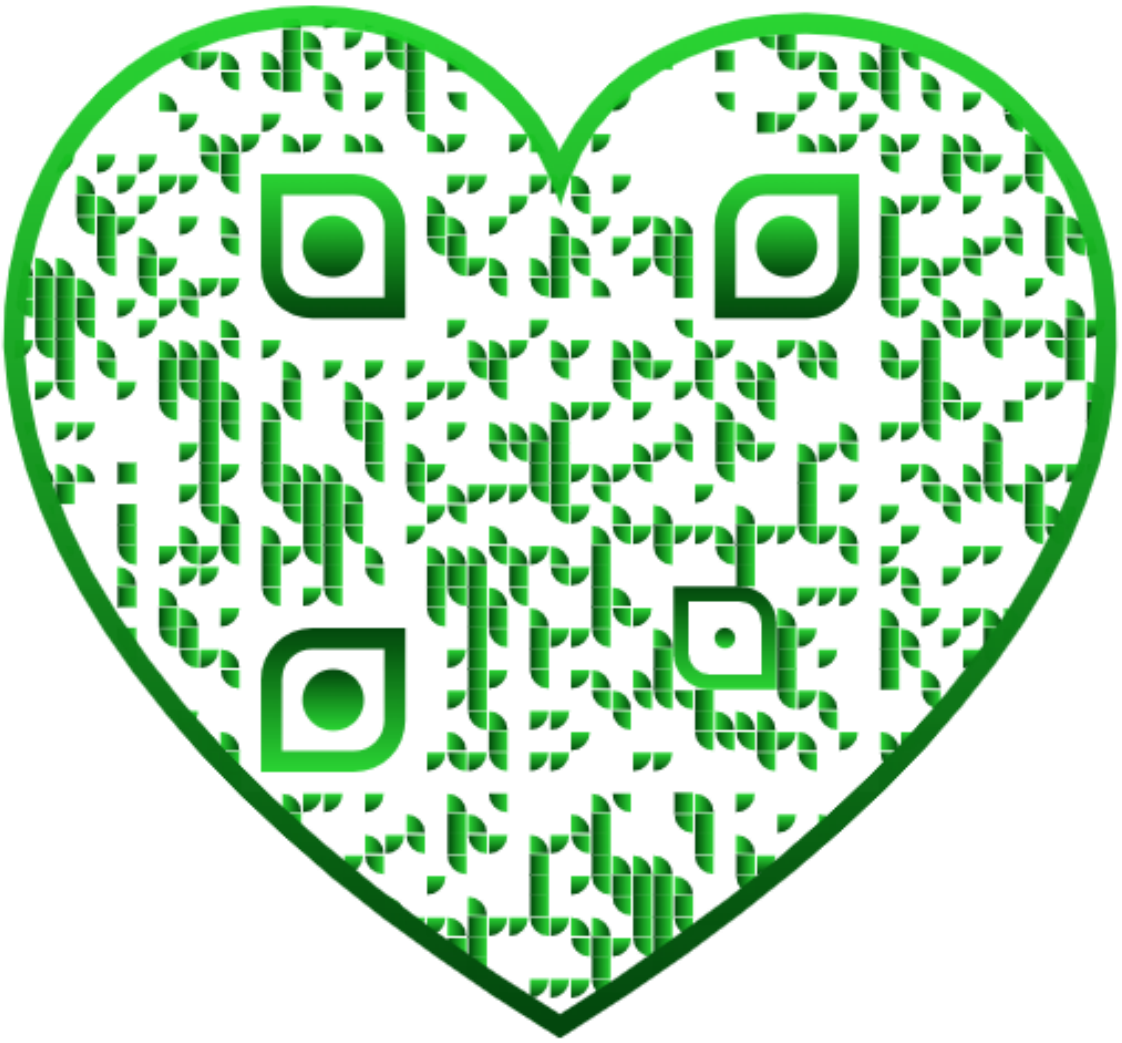
Introduction

- **Terms:**
  - ✓ **Health**
  - ✓ **Illness**
  - ✓ **Disease**



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- **Wellness**
  - **It can be thought as a balance of physical, psychological, social and spiritual aspects of persons life**
  - **It involves being proactive & being involved in self care activities aimed toward a state of physical, psychological, & spiritual wellbeing**

Cont'd

Factors influencing health status

A. Internal Factors

- **Biologic dimension**
- **Psychological dimension**
- **Cognitive dimension**

Cont'd

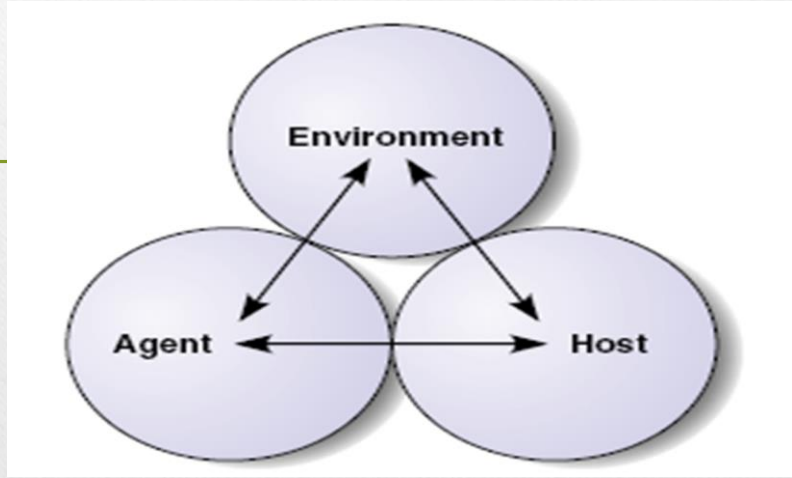
B. External Factors

- **Environment**
- **Standards of living**
- **Family and cultural beliefs**
- **Social support networks**

Cont'd

Determinants of Disease

1. Host factor
2. Environment
3. Agent



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Classification of Determinants

1. **Primary determinants**
2. **Secondary determinants**

Cont'd

- **Health Assessment**
- **Holistic Health Assessment**

Cont'd

Definition

- **Health assessment is refers to systematic appraisal of all factors relevant to client's health. OR**
- **Health assessment includes collecting subjective data through interviewing the client and obtaining objective data by physically examining the client**

Cont'd

METHODS OF ASSESSMENT

- The primary methods used to assess client's are :

1. Observing
2. Interviewing
3. Examining

Cont'd

OBSERVING

- Observation is a conscious , deleberate skill that is developed only through and with an organized approach.

Ex : Client data observed through four senses that is through vision , smell , hearing and touch.

Cont'd

INTERVIEWING

- An interview is a planned communication or a conversation with a purpose.

  Ex : History taking

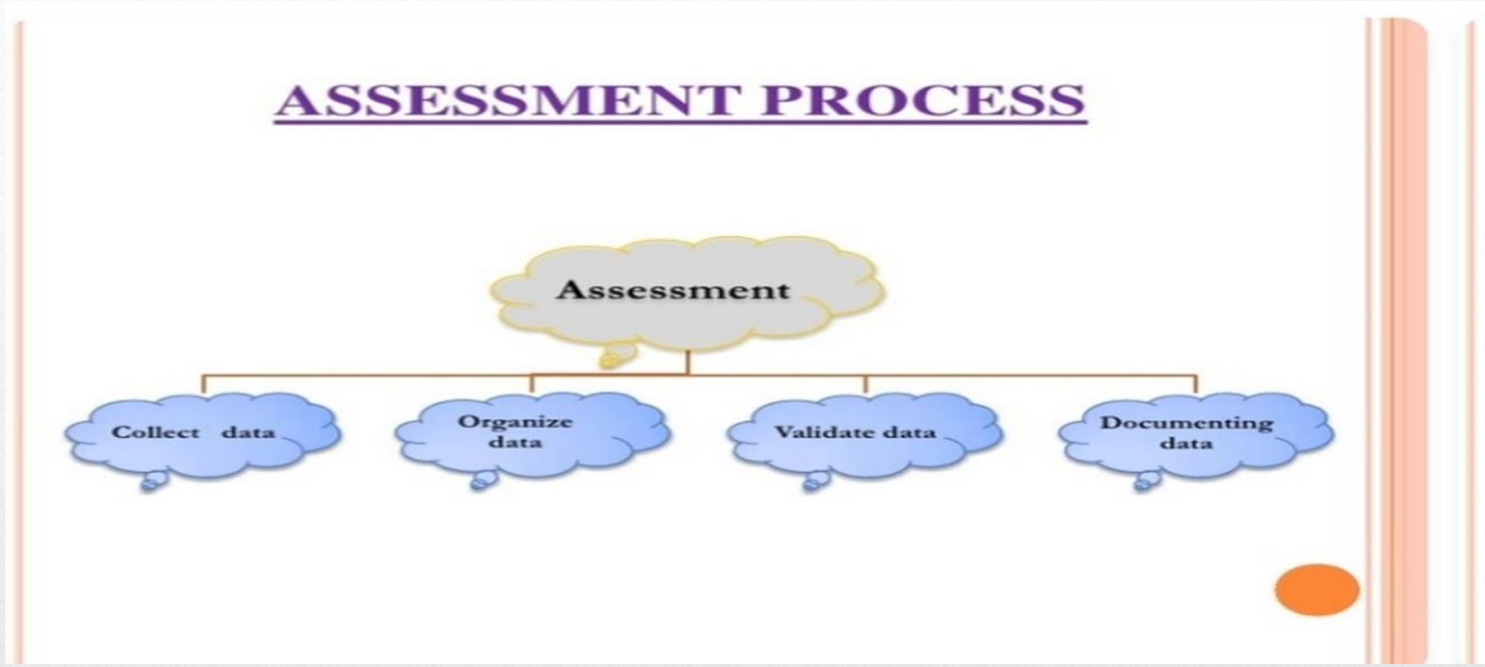
- There are two approaches for interviewing :
  -Directive approach
  -Non directive approach

Cont'd

EXAMINING

- The physical examination is a systematic data collection method that uses observational skills to detect health problems.
- To conduct the examination, the nurse uses techniques of inspection, auscultation, palpation and percussion.

Cont'd


ASSESSMENT PROCESS
Assessment
Collect data
Organize data
Validate data
Documenting data

Cont'd

- **Data**
  - **Definition**
  - **Types**
    - **Subjective**
    - **Objective**

History taking

- **Systematic collection of subjective data which stated with client**
- **While interviewing a patient, you should be presented**
  - ✓ **Clean**
  - ✓ **Dress well**
  - ✓ **Neat**

Cont'd

- **Create a conducive environment**
  - **Ensure the privacy**
  - **Maintain considerable distance**
  - **There should be sufficient light to see each other**
  - **Avoid any noise which may divert attention**

Cont'd

- History taking includes
  - Biographic data
  - Chief complaint
  - Hx of present illness
  - Past health condition
  - Family history
  - Hx of allergy & habits

Physical Examination Process

Pre physical Assessment Preparation

1. Preparing the environment

- **Adequate illumination (light)**
- **Maintain privacy**
- **Control of outside noises**
- **Maintain the temperature of the room (should be warm enough)**

Cont'd

2. Preparing the equipments

- Collect all necessary equipment & materials
- Check functionality of each material
- The equipment should be readily accessible, in proper working order

Cont'd

3. Preparing the client

- **Physical preparation**
- **Privacy while the client change a gown**
- **Psychological preparation**
- **Proper position**

Techniques of Physical Examination

- **Types:**
  - **Inspection**
  - **Palpation**
  - **Percussion**
  - **Auscultation**

Cont'd

1. Inspection

- **Concentrated watching /observation**
- **Help to:**
  - **Detect any color change**
  - **Determine pt's facial expression**
  - **Determine whether the client is sick looking or well looking**

Cont'd

2. Palpation

- The process of examining part of the body by careful feeling with hands and finger tip
- Ex:
  - Best to determine
    - Skin texture
    - Swelling
    - Pulsation
    - Skin temperature etc.

Cont'd

3. Percussion

- Examining part of the body by tapping it with fingers or an instrument in order to assess underlying structures
- Striking of person's skin causes vibration that produces a sound

Cont'd

- **Uses of percussion**
  - **To determine the presence of mass or fluid accumulation in the body parts**
  - **To eliciting pain**
  - **To eliciting reflex**

Cont'd

4. Auscultation

- A process of listening, usually with the aid of a stethoscope, to sounds produced by movement of gas or liquid within the body
- Ex: breath sounds, heart sound & bowel sound

Cont'd

auscultation

- **Help detection of sound with the assistance of listening device**
- **Stethoscope is the commonly used device**
- **Stethoscope has two end pieces:**
  - **a. Bell :- Important for soft, low pitch sounds such as extra heart sounds**
  - **b. Diaphragm: - important for high pitch sounds like breath sound, heart sound & bowel sound**

Cont'd

Binaural
Eartips
Latex Free
PVC Tubing
Chestpiece
Binaural Spring
Diaphragm
(High Frequency Sounds)
Bell
(Low Frequency Sounds)
Non Chill Ring
Drum

Physical Examination

1. General appearance (G/A):

- General state of health of the patient carefully assessed
- Check the pt. for:
  - ✓ Level of consciousness
  - ✓ Wellness level
  - ✓ Breathing patterns

2. Vital Sign

- **Important signs or physiologic responses which tell as the recent condition of the body system**
- **There are four components of vital signs:**
  - ✓ **Pulse**
  - ✓ **Respiration**
  - ✓ **Blood pressure (BP)**
  - ✓ **Temperature (T°)**

Cont'd

When to assess vital signs?

- On admission
- Before and after interventions
- According to Hospital policy etc.

Cont'd

I. Blood pressure (BP)

- Measurement of BP
  - a. Direct method
  - b. Indirect method: Using sphygmomanometer
- Pulse pressure: 30 – 40 mmHg
- Mean arterial pressure: 90 – 100 mmHg

Cont'd

b. BP based on cardiac cycles/Phases

1) **Systolic BP**
2) **Diastolic BP**

Cont'd

- **Factors determining BP**
  - **Force with which heart pumps**
  - **Resistance offered by the vessels**
    - **BP= CO x PR**

Cont'd

II. Pulse

- Pulse is a rhythmic movement of an artery blood vessels as blood flow through it
- The Pulse can be felt at an artery as a wave of blood passes through the artery
- A pulse is felt every time the heart beats

Cont'd

- **Types of Pulse**

  a) **Peripheral Pulse: is a pulse located in the periphery of the body**

  b) **Central pulse: is a pulse locate in the center (Heart or areas near to it)**

  - **Apical Pulse (central pulse): it is located at the apex of the heart**

Cont'd

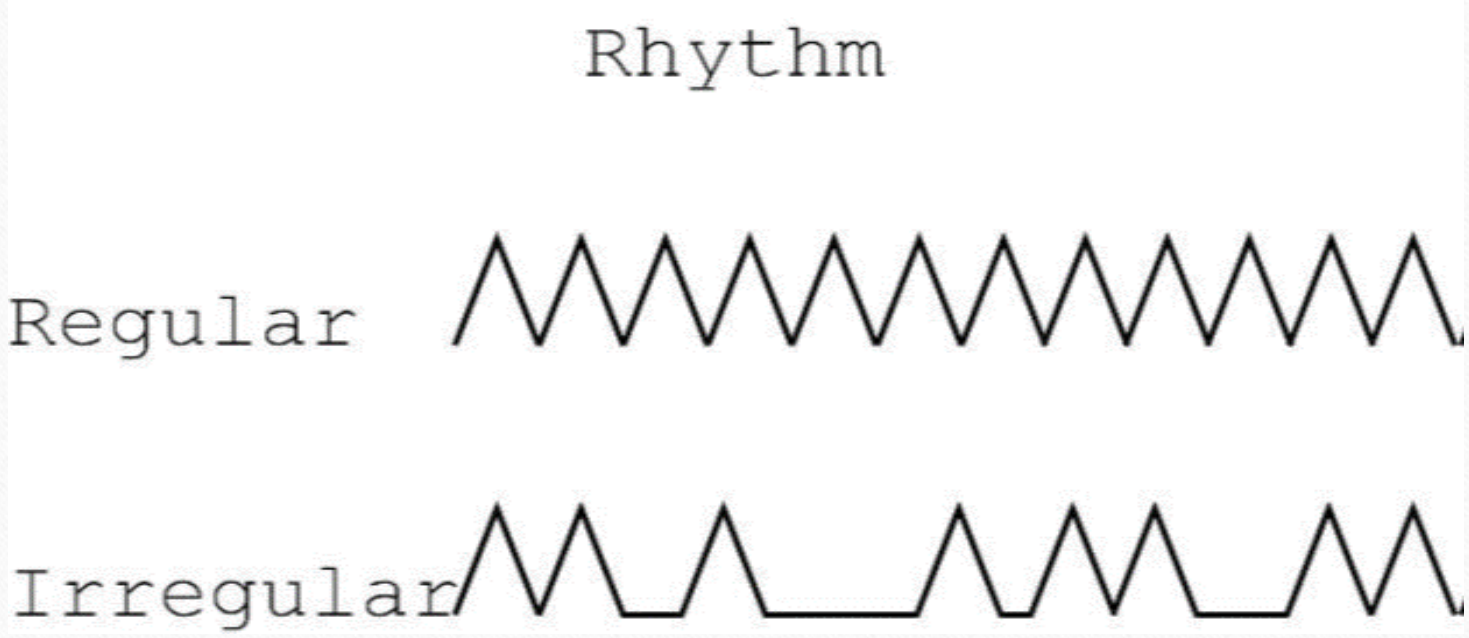
- **Pulse assessment includes:**

  a) **Pulse Rate**

  - **PR is the frequency of pulse in a minute**

Cont'd

b. Pulse Rhythm



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c. Pulse quality

a) Absent, unable to detect.

b) Weak, difficult to palpate, and easily obliterated by light pressure

c) Normal easily found and obliterated by strong pressure

d) Bounding or full, difficult to obliterate with fingertips

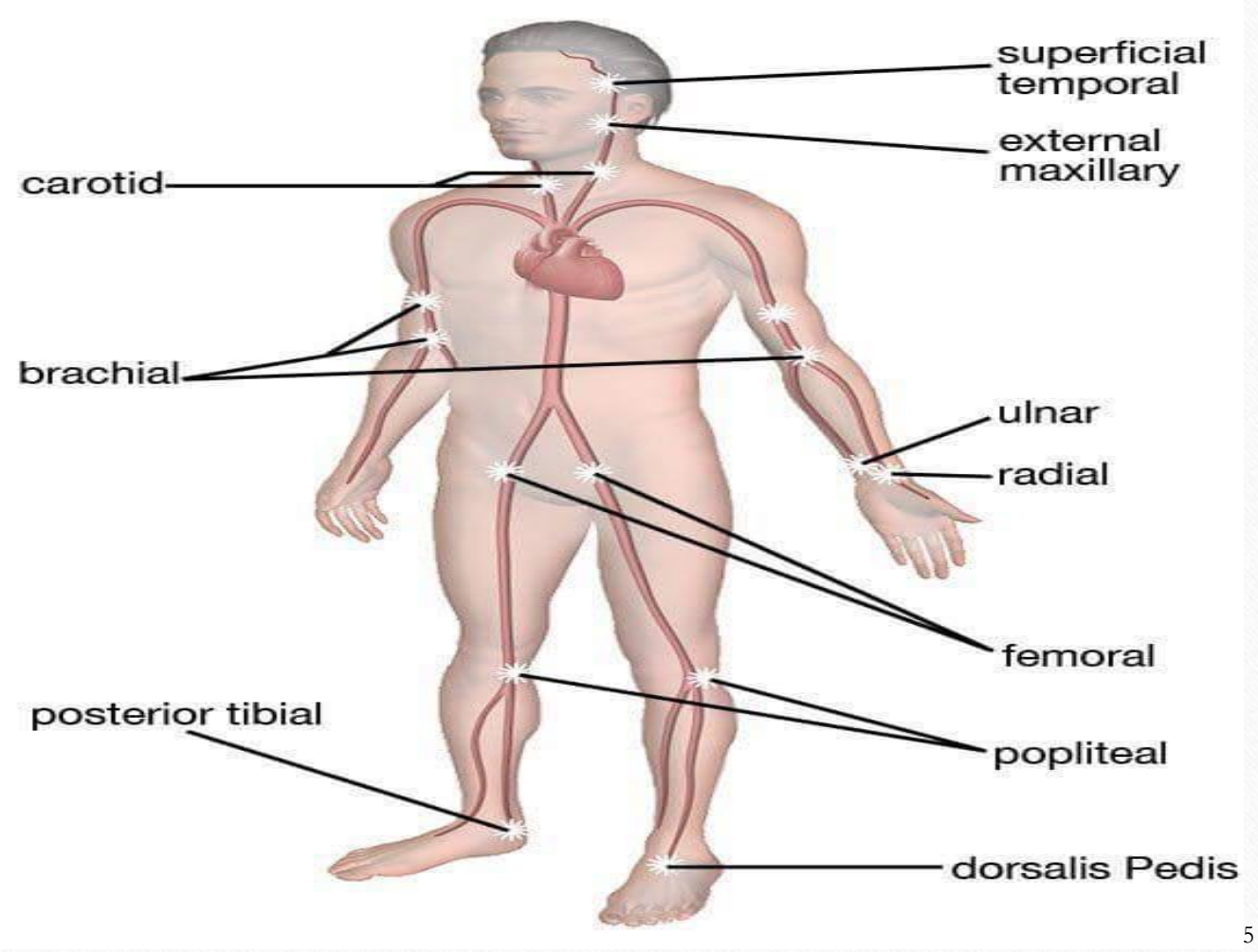
Cont'd

- **Pulse assessment methods:**

a) **Palpation**

b) **Auscultation**

Pulse sites


superficial temporal
external maxillary
carotid
brachial
ulnar
radial
femoral
posterior tibial
popliteal
dorsalis Pedis

III. Respiration:

- The exchange gas between environment & body
- The act of breathing

- Process of respiration:
  - ✓ Ventilation
  - ✓ External respiration
  - ✓ Internal respiration
  - ✓ Cellular respiration

- **Respiration assessment includes:**
  - ✓ **Respiratory rate**
  - ✓ **Respiratory rhythm**
  - ✓ **Respiratory depth**
- **NB:**
  - ✓ **Assess it after taking the pulse while keep your fingers on the pulse site**
  - ✓ **Count the chest rises (breathing in) or falls (breathing out)**

IV. Body Temperature

- The hotness or coldness of body
- The balance between body heat produced & heat lost
- Classification:
  a) Core body temperature
  b) Surface body temperature
- Instrument: Thermometer

- **Sites of temperature measurement:**
  - **The mouth: Oral (O)**
  - **The rectum: Rectal (R)**
  - **The Underarm: Axillary (A)**
  - **The ear: Tympanic (T)**

2. Skin Examination

- **Techniques**
  - ✓ **Inspection**
  - ✓ **Palpation**

Cont'd

- **Inspect for any**
  - **Color changes**
    - **Pallor**
    - **Redness**
    - **Cyanosis**
    - **Jaundice**

Cont'd

- **Other like lesions**
  - **Lesions or ulcer**

Cont'd

- **Palpate the skin for:**
  - **Moisture**
  - **Tenderness**
  - **Temperature**
  - **Skin mobility (lifting up) or turgor (Return of skin)**